

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BA</i>	<i>7030</i>	
O.I.P.E. CLASSIFIER	<i>EIN</i>		<i>5/21/80</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	<i>59523</i>		<i>8-31-80</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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